## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-0095217

VS 300 Rev. 4/50  1	DEPA	NTA	ENT	OP	PUI	BLIC	HEALTH AND WE	LFAREA		100	2	4055	STATE FILE NU	MRED
VS 300 Rev. 4/50    Common	DO NOT WRITE ON THIS STUB	E AMENDED				R-	egistration District No.	EB 2 7 1963	nary Registration Di	strict No. 1	<u> </u>		<u>-</u>	
Description		٩		ŀ	1	1								
ACCESS   ACCOUNTY   ACCESS	Rev. 4/59	夏	.			_		porate limits, give TOWN	SHIP only) L	ength of stay in 1b	c. CITY			Inside Limits
ACCESS   ACCOUNTY   ACCESS	Į.	¥						St. Louis	8	62 vrs.		t. Louis		Yes Do
3 A MAME OF DECASED First Middle Last 1 Day OF Very DEATH 2 10 63 Very DEATH 2 10 Very DEATH 2 1	1	₹				_	C. FULL NAME OF (IF	· · · · · · · · · · · · · · · · · · ·	×		d. STREET	(If ou		Reside on Farm
3 A MAME OF DECASED First Middle Last 1 Day OF Very DEATH 2 10 63 Very DEATH 2 10 Very DEATH 2 1	2 2/	/4\bar{8}	,   [a]				INSTITUTION	Homer G.	Phillips	Yes Ø No □	4	057 St. Fe	erdinand	Yes   No 🎏
Fem. Negre   Wildowed   Diverced   3-29-1878   84   Moglin   Sprit   Hours   Min.	3	' /				3		· _ ·	Mic			4. DATE OF DEATH	Month Day 19	63 Year
Fem. Negro   N	4 9					5	. SEX	6. COLOR OR RACE	7. Married 🔼	Never Married [	8. DATE OF BIRTH	9. AGE (last birt		IF UNDER 24 HR
10	5 .		11	-			Fem.	Negro				87	Months 20	Hours Min.
The first state of the state of	6	اي		ĺ		710			10b. KIND OF BU	SINESS OR INDUSTR	Y 11. BIRTHPLACE (	•	untry) 12. CITIZEN OF	WHAT COUNTRY
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) [if yes, give wer of dates of NO. 18. CAUSE OF DEATH (Errer only one cause per line for (a), (b), and (d).  10. CO. Conditions, if any, shows cause (a)  11. CAUSE OF DEATH (Errer only one cause per line for (a), (b), and (d).  12. 77 - 0  13. CAUSE OF DEATH (Errer only one cause per line for (a), (b), and (d).  14. Conditions, if any, shows cause (a)  15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) [if yes, give wer or dates of NO. 18. CAUSE OF DEATH (Errer only one cause per line for (a), (b), and (d).  16. CAUSE OF DEATH (Errer only one cause per line for (a), (b), and (d).  17. INFORMANT  MAY III. OF DEATH (Errer only one cause per line for (a), (b), and (d).  18. CAUSE OF DEATH (Errer only one cause per line for (a), (b), and (d).  19. WAS ALITOPSY Cause last (a)  19. WAS ALITOPSY 20s. ACCIDENT SUICIDE HOMICIDE  20s. TIME OF Hour Month, Day, Year INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION  20d. INJURY 20s. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION  20d. INJURY 20s. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION  20d. INJURY 20s. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION  20d. INJURY 20s. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION  20d. INJURY 20s. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION  20d. INJURY 20s. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION  20d. INJURY 20s. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION  20d. INJURY 20s. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION  20d. INJURY 20s. PLACE OF INJURY (e.g., i		δ				13		<del></del>	13b. MOT	HER'S MAIDEN NAM	<u>  Moline,</u>	111		
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Conditions, if any, which gives rise to stating the underlying cause last.	8 , I	- 1				15				NO.	17. INFORMANT	Mev	Address	
10		ŧ				(Y		yes, give war or dates of			Merrille Tr	dmble LOS	:7 S+ Pandin	and Assa
Image   Imag		4			늘		18. CAUSE OF DEATH	(Enter only one cause per	line for (a), (b), an	d (c).	MENTILE II	more 40,	· - IN	TERVAL BETWEEN
With gave rise to above course (a), stating the underlying course (at.)    13	10 1	1	1		ME	Deadhle Dulmonan, Embali								
With gave rise to above course (a), stating the underlying course (at.)    13	11				ΙŻ				·					
NO SUNT STATE    Ving cause last   DUE TO (c)	12 77- 0				ă		Condition		b)	Gener	allzed arto	erlosciero	sis	
TO STATE    Control of the significant condition given in PART II. of the significant condition given in part of the significant condition given in PART II. of the si	1-			_	-		above c stating t	tause (a), the under-	c)·	<u> </u>		450.0		
19. WAS AUTOPSY Do. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in PART I of Item 18.)  19. WAS AUTOPSY Do. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in PART I of Item 18.)  20c. TIME OF Hour Month, Day, Year InJURY e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE farm, factory, street, office bldg., etc.)  20d. INJURY OCCURRED WHILE AT WORK TEATH TOWN, STATE with the state of the deceased from 2-17-63 and lest saw Maralive on 2-19-63  21. I prefinded the deceased from 2-17-63 and lest saw Maralive on 2-19-63  22c. DATE SIGNATURE 22c. DATE SIGNET 22c. DATE RECD. BY LOCAL REG. 26. RESIGNATURE AND COMMON ADDRESS 25. DATE RECD. BY LOCAL REG. 26. RESIGNATORY 22c. DATE						ě	PART II.	OTHER SIGNIFICANT C	ONDITIONS CONT	RIBUTING TO DEAT	H but not related to	the terminal	PART-III. If deceased there a pregnal	was female was
20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, least saw lea	77	ا ≌				5				lerotic He	art Digease	, F		
20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, least saw lea		DAE!				CERTIF	PERFORMED?			206. DESCRIBE HO	W INJURY OCCURRED	Enter nature of in	jury in PART I or PART II	of item 18.)
20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, least saw lea	z					₹	20c. TIME OF Hour	Month, Day, Year			· · · · · · · · · · · · · · · · · · ·			
NOT Write At Work 1  2-17-63  10  2-19-63  2-19-63  2-19-63  2-19-63  2-19-63  2-19-63  2-19-63  2-19-63  2-19-63  2-19-63  2-19-63  2-19-63  2-19-63  2-19-63  2-19-63  2-19-63  2-20-19-	¥ 8 1	₹			11	WEDI			, ·					
Death occurred 1.    221. SIGNATURE   Deagree of Hitter   222. DATE SIGNET   226. DATE SIGNATURE   226	<u> </u>						20d. INJURY OCCURRE WHILE AT WORK NOT WHILE AT W	D 20e. PLACE farm,	OF INJURY (e.g., factory, street, offic	n or about home, e bldg., etc.)	20f. CITY, TOWN, OF	LOCATION	COUNTY	STATE
Death occurred 1.    221. SIGNATURE   Deagree of Hitter   222. DATE SIGNET   226. DATE SIGNATURE   226	A S E	18					0) 1 00 34 14 14 14	2-1	7-63	, 2-1	9-63	d last saw that alive	2-19-63	1
23a. BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)  REMOVAL (Specify)  St. Louis  Co. Mo.  24. FUNERAL DIRECTOR  ADDRESS  25. DATE RECD. BY LOCAL REG. 26. RESISTRAR'S SIGNATURE  M. C.	월 _ [2							eased from	4:31,	P m on th				ouses stated.
23a. BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)  REMOVAL (Specify)  St. Louis  Co. Mo.  24. FUNERAL DIRECTOR  ADDRESS  25. DATE RECD. BY LOCAL REG. 26. RESISTRAR'S SIGNATURE  M. C.	JSE	둟			닟	i		To A Pa	ree or title		22b. ADDRESS			22c. DATE SIGNED
238. BURIAL CREMATION, P35. DATE  236. RAME OF CEMETERY OF CREMATORY  236. BURIAL CREMATION, P35. DATE  236. BURIAL CREMATION, OF COUNTY  PEMOVAL  238. BURIAL CREMATION, P35. DATE  238. BURIAL CREMATION, OF COUNTY  PEMOVAL  238. BURIAL CREMATION, OF COUNTY  CONTROL OF CEMETERY OF CREMATORY  238. BURIAL CREMATION, OF COUNTY  CONTROL OF CEMETERY OF CREMATORY  238. BURIAL CREMATION, OF COUNTY  CONTROL OF CEMETERY OF CREMATORY  238. BURIAL CREMATION, OF COUNTY  CONTROL OF CEMETERY OF CREMATORY  238. BURIAL CREMATION, OF COUNTY  CONTROL OF CEMETERY OF CREMATORY  238. BURIAL CREMATION, OF COUNTY  CONTROL OF CEMETERY OF CREMATORY  238. BURIAL CREMATION, OF COUNTY  CONTROL OF CEMETERY OF CREMATORY  238. BURIAL CREMATION, OF COUNTY  CONTROL OF CEMETERY OF CREMATORY  238. BURIAL CREMATION, OF COUNTY  CONTROL OF CEMETERY OF CREMATORY  238. BURIAL CREMATION, OF COUNTY  CONTROL OF CREMATORY  238. BURIAL CREMATION, OF COUNTY  CONTROL OF CREMETERY OF CREMATORY  238. BURIAL CREMATION, OF COUNTY  CONTROL OF CREMETERY OF CREMATORY  238. BURIAL CREMATION, OF COUNTY  CONTROL OF CREMETERY OF CREMATORY  238. BURIAL CREMATION, OF COUNTY  CONTROL OF CREMETERY OF CREMATORY  238. BURIAL CREMATION, OF COUNTY  CONTROL OF CREMETERY OF C	ر ۱۲۳	뙲		.			$\sim 1.$ $\sqrt{.}$	/lle	1 /1/1	/_				l
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## STATEMENT BY LICENSED EMBALMER

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i hereby		body whose name is		side of this certificate was embalmed by me,				
working under	my personal supe	rvision.		<u> </u>				
Student	Signature of Stud	ent Embaimer		Signed Signed	her N. Har	res		
P <b>3-</b> P1-2	13	80-31-7		9417463	Licensed Embalmer No. 4	45-8		
			•''	e de la companya de La companya de la co	P. O. Address 4/8/	Wasken	glon	

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

of If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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